



Photo Permission Form

Please provide the following information:

Name: _____

Date of Birth: _____

Social Security Number: _____

Gender: ☐ Male ☐ Female

Name of Current School _____

Name of School Contact : _____

Telephone: _____

School Address: _____

Fax: _____

Email: _____

Photo Permission

I agree that all photos or videos taken at Brookhaven National Laboratory may be used at the discretion of the Laboratory (please circle one.) Yes No

Student's name - please print

Signature of student

**Parent or Guardian - Please print
(if student is less than 18 years of age)**

Signature of parent or guardian

When appropriate, would you like us to notify your local newspaper and/or send photos of your activities here at Brookhaven National Laboratory? Yes No

Name and address of your local newspaper: _____
